

Notification of Hazardous Waste Site

United States Environmental Protectio Agency Washington DC 20460

This initial notification information is

Please type or print in ink. If you need

IL-11

	required by Section 103(c) of the Cohensive Environmental Response, C sation, and Liability Act of 1980 and be mailed by June 9, 1981.	ladinate the lat	to a fall a least		
A	Person Required to Notify:				
	Enter the name and address of the	person Name WASTE MAI	NAGEMENT OF ILLINOIS, INC.		
	or organization required to notify.	Street P.O. Box	563		
				2	
	X		1ts State IL Zip Code 6046	3	
В	Site Location:	SCA C	HEMICAL SERVICES INC-		
	Enter the common name (if known)	and Name of Site HYON IN	ICINERATOR *		
	actual location of the site. INTERIM STATUS FACILITY		orrence.		
	# TI DODO173054	Sim Oli inno	County Cook State IL Zip Code 603	3	
10	TZD 920606412	City Chicago	County Cook State IL Zip Code		
C	Person to Contact:		2		
	Enter the name, title (if applicable), business telephone number of the p to contact regarding information submitted on this form.	oreen .	Name (Last, First and Title) Diver, Jeffrey: - Envir. Counsel Phone 312/654-8800		
D	Dates of Waste Handling:				
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site. From (Year) 1973 To (Year) 1976 (NOW BEING REOPENED)				
E	Waste Type: Choose the option Option I: Select general waste type you do not know the general waste encouraged to describe the site in It	s and source categories. If types or sources, you are	Option 2: This option is available to persons familiar win Resource Conservation and Recovery Act (RCRA) Section regulations (40 CFR Part 261).		
	Place an X in the appropriate P	ource of Waste: lace an X in the appropriate oxes.	Specific Type of Waste: EPA has assigned a four-digit number to each hazardous listed in the regulations under Section 3001 of RCRA. E appropriate four-digit number in the boxes provided. A count the list of hazardous wastes and codes can be obtained contacting the EPA Region serving the State in which the	nter the copy of by	
	1. Ø Organics	1. ☐ Mining	located.		
**		2. □ Construction			
		3. □ Textiles			
		4. ☐ Fertilizer	a to the same of t		
		5. ☐ Paper/Printing			
		6. Leather Tanning	(1) Car (1) Ca		
		7. ☐ Iron/Steel Foundry	10 10 10 10 10 10 10 10 10 10 10 10 10 1		

8. M Chemical, General 9. D Plating/Polishing

10. ☐ Military/Ammunition

11.

Electrical Conductors

12. ☐ Transformers

16. ☐ Lab/Hospital 17. Unknown 18. ☐ Other (Specify)

13.

Utility Companies 14. ☐ Sanitary/Refuse 15. D Photofinish

* now brown as SCAIGHEIGIBAL SERVICES, INC.



8. D PCBs

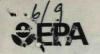
10. Unknown 11. M Other (Specify)

9.

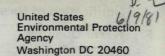
Mixed Municipal Waste

SEWAGE SLUDGE

	Notification of Hazardous Waste Site	Side Two	-4 %
	Waste Quantity:	Facility Type	Total Facility Waste Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Piles	cubic feet UNKNOWN
	In the "total facility waste amount" space	2. ☑ Land Treatment 3. ☐ Landfill	gallons
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. Tanks	Total Facility Area
	using cubic feet or gallons.	5. ☐ Impoundment 6. ☐ Underground Injection	square feet
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	7. ☑ Drums, Above Ground 8. ☐ Drums, Below Ground 9. ☑ Other (Specify) INCINERATOR	acres 5-10 A
	Known, Suspected or Likely Releases		
	Place an X in the appropriate boxes to indicator likely releases of wastes to the environment	te any known, suspected,	☐ Known ☐ Suspected ☐ Likely 🗷 None
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	g these items will assist EPA and State and g the items is not required, you are encour	l local governments in locating and assessing aged to do so.
ī	Sketch Map of Site Location: (Options	al)	at a respect to the
	Sketch a map showing streets, highways, routes or other prominent landmarks near	O Chicago Chair	- 12 6 60 2 6 6 4 '2-
	the site. Place an X on the map to indicate the site location. Draw an arrow showing	THE SHIP STATE	
	the direction north. You may substitute a publishing map showing the site location.	317/654-8885	
	pathisming map showing the one reserver.		
	Cartescon toward com) 75	67.0	
	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to	SITE IS NOW IN PROCESS OF BEING REBUILT BY SCA SERVICES, INC.	CLEANED UP AND INCINERATOR
	the site and describe any nearby wells, springs, lakes, or housing. Include such	REBUILT DY SERVICES, INC.	
	information as how waste was disposed	Paris and all Command has	annual this fam based was
	and where the waste came from. Provide any other information or comments which		prepared this form, based upon ovided in written and oral
	may help describe the site conditions.	responses from employees	of the reporting company,
	much of which may have been f	ounded in hearsay, rumor, spec mission or representation is tl	
	wastes handled by this company	ny, or generically reported o	n this form, would actually
	meet a listed discription or	characteristic of "hazardous t" is indicated, it is, in most	
	tion of "potentially hazardou	s waste," as in most cases, i	no records of waste types or
		the reporting company is a "tra ected the reported site, nor	
		orted by the reporting company	
	Signature and Title:	All lex	
	The person or authorized representative (such as plant managers, superintendents,	Name W. Brand Bobosky, Asst. Se	ecretary
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street 900 Jorie Boulevard	□ Owner, Past
	mailing address (if different than address in item A). For other persons providing		✓ Transporter ☐ Operator, Present
	notification, the signature is optional. Check the boxes which best describe the	City Oak Brook State IL	Zip Code 60521
	relationship to the site of the person required to notify. If you are not required	Signature 88 Jan Bobsly	Date 6/9/81 Other
	to notify check "Other".	,	



Notification of azardous Waste Site



This initial notification information is	
required by Section 103(c) of the Compre-	-
hensive Environmental Response, Compe	n-
sation, and Liability Act of 1980 and must	t
be mailed by June 9, 1981.	

Enter the name and address of the person

or organization required to notify.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. 1660

Person Required to Notify:	1101
	#3

Zip Code 60 65

15-000-001-456

Site Location:

Enter the common name (if known) and actual location of the site.

ON waste Management service toNUIS land

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title)

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

To (Year) 1918

Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I-Description of Site.

General Type of Waste: Place an X in the appropriate boxes. The categories listed

Source of Waste:

Place an X in the appropriate boxes.

overlap. Check each applicable category.

1. I Organics

2. Inorganics

3.

Solvents

7.
Bases

10. Unknown

4.

□ Pesticides

5. ☐ Heavy metals 6. Acids

8. PCBs Delete

11. ☐ Other (Specify)

9. Mixed Municipal Waste

1.
Mining 2. Construction

3.

Textiles

4.

Fertilizer

5. ☐ Paper/Printing

6.

Leather Tanning

7. Iron/Steel Foundry

8.

Chemical, General

9. D Plating/Polishing

10. ☐ Military/Ammunition

11.

Electrical Conductors

12.

Transformers

13.

Utility Companies

14. ☐ Sanitary/Refuse

15. Photofinish

16. ☐ Lab/Hospital

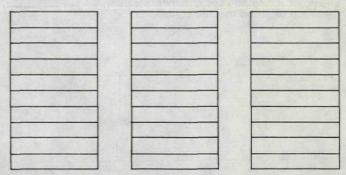
17. Unknown

18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.



000930 JUN -981



Form Approved OMB No. 2000-0138

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	
F	Waste Quantity:	Facility Type	Total Facility Waste Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Piles	_cubic feet 2 H
	In the "total facility waste amount" space	2. ☐ Land Treatment 3. ☐ Landfill	gallons
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. Tanks	Total Facility Area
	using cubic feet or gallons.	5. ☐ Impoundment	square feet
	In the "total facility area" space, give the	6. Underground Injection	
	estimated area size which the facilities occupy using square feet or acres.	7. ☐ Drums, Above Ground 8. ☐ Drums, Below Ground	acres
	1/00/1	9. □ Other (Specify)	Compagnition companies are a many and material
G	Known, Suspected or Likely Releases	to the Environment:	
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environme		☐ Known ☐ Suspected ☐ Likely ☐ None
2	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State arg the items is not required, you are encou	nd local governments in locating and assessing iraged to do so.
H	Sketch Map of Site Location: (Optional	al)	
	Sketch a map showing streets, highways, a routes or other prominent landmarks near	Lillage Levil	1. 1000 11000 1111
	the site. Place an X on the map to indicate	and walk to	and the second of the second o
	the site location. Draw an arrow showing the direction north. You may substitute a	417 200 201	The second of the second of the second of
	publishing map showing the site location.	1.10-191 1910	rectamenta publique lipsicos os
			entional state in retail
	340	PLA T	endy assimila day out the van teled
		Calenda sauges.	Coll matter arts a traditional objects approxi-
1	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to		
	the site and describe any nearby wells, springs, lakes, or housing. Include such	uiol shiradolpas	aldesi que dos adostas del revo
1000	information as how waste was disposed	tient grande indo	*
	and where the waste came from. Provide any other information or comments which	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	W Ungapus
	may help describe the site conditions.	The parties of the second	
			all 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			ST. C. Pinter Week Co.
			SECTION OF STREET
			The transfer of the language o
		- Connumica, your	a.t.C. 01
	07-01-0	PPAGE	no the feet and the state of th
J	Signature and Title:		18 ly Marchine de marchanica de
	The person or authorized representative (such as plant managers, superintendents,	Name	□ Owner, Present
1	trustees or attorneys) of persons required to notify must sign the form and provide a	Street	□ Owner, Past
	mailing address (if different than address	So-city and a second second	☐ Transporter ☐ Operator, Present
	in item A). For other persons providing notification, the signature is optional.	<u>City</u> State	Zip Code
	Check the boxes which best describe the relationship to the site of the person	Tan / Dala Da	
	required to notify. If you are not required to notify check "Other".	signature and Date pre	DRIFT C

SEPA Notification o Hazardous Waste Site

SCA Chamical V United States
Environmental Protection
Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compersation, and Liability Act of 1980 and must be mailed by June 9, 1981.
Davier Descriped to Notify

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item



	sation, and Liability Act of 1980 be mailed by June 9, 1981.	and a distribution of the	06 09
		1L#484	1LS-000-001-490
A	Person Required to Notify:	Mahil (hemical Co., Mt. Pleasent, Corp. Pl
	Enter the name and address of to or organization required to notify	ne person	Mines Kd.
		city Mt. Plea	Sent State TN Zip Code 38474
В	Site Location:	Name of Site Hand	ON Waste Management Service
	Enter the common name (if know	m) and	
TR	actual location of the site.	Street //706	So. Stoney Island An IN
T	70	1 1	
4	LD000173054	City Chicag	County State Zip Code 606/7
C	Person to Contact:		Lave SM M. Fram M
	Enter the name, title (if applicable business telephone number of the	ne person	Lane, S. NI, May ENV. Manuf
	to contact regarding information		178-7271
	submitted on this form.		
D	Dates of Waste Handling:		
	Enter the years that you estimate	a waste IA a	c 10
	treatment, storage, or disposal b	egan and From (Year)	5 To (Year) 1977
	ended at the site.		
E	Waste Type: Choose the opti Option I: Select general waste t you do not know the general wa	ypes and source categories. If ste types or sources, you are	Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001
	encouraged to describe the site i	in item I—Description of Site.	regulations (40 CFR Part 261).
	General Type of Waste:	Source of Waste:	Specific Type of Waste: EPA has assigned a four-digit number to each hazardous waste
	Place an X in the appropriate boxes. The categories listed	Place an X in the appropriate boxes.	listed in the regulations under Section 3001 of RCRA. Enter the
	overlap. Check each applicable		appropriate four-digit number in the boxes provided. A copy of
	category.		the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is
			located.
	1. Organics	1. Mining	
	2. Inorganics	2. Construction	
	3. Solvents	3. Textiles	
	4. □ Pesticides	4. Fertilizer	
	5. ☐ Heavy metals 6. ☐ Acids	5. □ Paper/Printing6. □ Leather Tanning	
	7. □ Bases	7. ☐ Iron/Steel Foundry	
	8. PCBs	8. Chemical, General	
	9. ☐ Mixed Municipal Waste	9. ☐ Plating/Polishing	
	10. ☐ Unknown	10. ☐ Military/Ammunition	
	11. Other (Specify)	11. Electrical Conductors	
	wastes with		
	Flash Daigh	12 ☐ Transformers	
	MA IN DOING	12. ☐ Transformers 13. ☐ Utility Companies	0010-
	helow 1000 F	13. ☐ Utility Companies	001023 11111-001
	below 1000 F	13. □ Utility Companies14. □ Sanitary/Refuse	001023 JUN-981
	below 1000 F	 13. ☐ Utility Companies 14. ☐ Sanitary/Refuse 15. ☐ Photofinish 	001023 JUN-981
	below 1000 F	13. □ Utility Companies14. □ Sanitary/Refuse	001023 JUN-981

18. ☐ Other (Specify)

Form Approved OMB No. 2000-0138

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two,	A mais antible ald Att
F	Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres. Known, Suspected or Likely Releases to	Facility Type 1.	Total Facility Waste Amount cubic feet gallons Total Facility Area square feet acres
	Place an X in the appropriate boxes to indicator likely releases of wastes to the environme	nt.	☐ Known ☐ Suspected ☐ Likely ☐ None
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State the items is not required, you are end	and local governments in locating and assessing ouraged to do so.
H	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		Long althoroga to the general decreased and accompanies and the restriction proceeds are made in accompanies to the contract of the contract o
		consistence of Control of the	The state of the second
-	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.	A STATE OF THE STA	So some etable integer of two store of the some store of the some store of the some store of the some some some some some some some som
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required	Name Street City State	Owner, Present Owner, Past Transporter Operator, Present Operator, Past Operator, Past Other



FORM A: GENERAL FACILITY INFORMATION

11	1 1		(1-5)
(20	NOT	USE)	(1-5)
			150

Div	any Name: sion/2006223 lity Name:	XXXX	Mobil C	poration Themical Company Il Company, Mt. Pl	easant. Crop Che	emicals Plant
Addi	255:	Arrow	Mines R	oad		
		No.		SCTREE		
		Mt. P	leasant,	Tennessee State	38474 Zip Code	-
Name	of Person	Comple	ting For	S. M. Lane		
Posi	tion: Ma	nager -	Environa	nental & Manufacturi	ng Services	
Phor	ne Number:	(804	798-4	291		-
1.	Year Facili	ty Ope	ned			19 71 0 (10-11)
2.	Primary SIG	Code	,			
3.	Estimate to sold for us USE CNLY TO	se) gen	erated POSSIBLE	ts of process was by this facility of I - right justify	tes (excluding turing 1973:	restes
			1	nousand gallons .		[] [] [] [] (15-24)
			h	undred tons		1 1 1 17 9 (25-32)
			2	housand cubic yard	is	[[]]][][](33-41)
4.	Estimate (i	in whol	e perce	nts) how these pro isposed of:	ocess wastes	
			i	n landfill		
			i	n pit/pond/lagoon		
			±	deep well		(05-84) 101 (18-50)
			i	ncinerated		
			ī	eprocessed/recycl	ed	
			e	vaporated		
			u	nknown		
			0	ther (Specify mun	icipal sewage sy	rsdem
5.	property with used for the 1950?	here the	is faci		s one site) that rom this facili	t have been
	COMPLETE	ONE FO	ייציי אאַ	FOR EACH OF THE S	ITES	
5.	Have any or hauled (res	f the p noved)	from th	wastes generated is facility for d	at this facilities is posal? (Yes=1	y been ; nc=2) [1](69)
	IF YES,	COMPLET	E FORM	<u>ייכי ו</u>		
7.	hauled from	m your	facilit		s=1; no=1)	[1] (70)
	. INHO TOOK	WASTE	TO AN U	RM "D" FOR EACH F NEWOWN LOCATION		
s.	Specify the	e earli	est year	r represented by lied on this and	information fro	
9.	Specify the	e earli	lest yes	r represented by is and other form	s	= <u>employee</u>